

## 2023 QRT EOY Report CSB Review Questionnaire

Q1 Name of the person completing questionnaire

Q2 Title of the person completing this questionnaire

Q3 Name of CSB/BHA

Q4 Performance Measure C9: Number and percent of provider agency direct support professionals (DSPs) meeting competency training requirements.

Q5 If you disagree with the primary reason for noncompliance, what are alternative/supplemental reasons for noncompliance?

Q6 How has your CSB remediated this area of noncompliance? Please select all that apply

Q7 Performance Measure D1: Number and percent of individuals who have Plans for Support that address their assessed needs, capabilities, and desired outcomes. (DMAS)

Q8 If you disagree with the primary reason for noncompliance, what are alternative/supplemental reasons for noncompliance?

Q9 How has your CSB remediated this area of noncompliance? Please select all that apply.

Q10 Performance Measure D3: Number and percent of individuals whose Plans for Support includes a risk mitigation strategy when the risk assessment indicates a need.

Q11 If you disagree with the primary reason for noncompliance, what are alternative/supplemental reasons for noncompliance?

Q12 How has your CSB remediated this area of noncompliance? Please select all that apply.

Q13 Performance Measure D4: Number and percent of service plans that include a back-up plan when required for services to include in-home supports, personal assistance, respite, companion, and shared living.

Q14 If you disagree with the primary reason for noncompliance, what are alternative/supplemental reasons for noncompliance?

Q15 How has your CSB remediated this area of noncompliance? Please select all that apply.

Q16 Performance Measure D6: Number and percent of individuals whose service plan was revised, as needed, to address changing needs.

Q17 If you disagree with the primary reason for noncompliance, what are alternative/supplemental reasons for noncompliance?

Q18 How has your CSB remediated this area of noncompliance? Please select all that apply.

Q19 Performance Measure D7: Number and percent of individuals who received services in the frequency specified in the service plan.

## 2023 QRT EOY Report CSB Review Questionnaire

Q20 If you disagree with the primary reason for noncompliance, what are alternative/supplemental reasons for noncompliance?

Q21 How has your CSB remediated this area of noncompliance? Please select all that apply.

Q22 Performance Measure D11: Number and percent of individuals who received services in the amount specified in the service plan.

Q23 If you disagree with the primary reason for noncompliance, what are alternative/supplemental reasons for noncompliance?

Q24 How has your CSB remediated this area of noncompliance? Please select all that apply.

Q25 Performance Measure G1: Number and percent of closed cases of abuse/neglect/exploitation for which DBHDS verified that the investigation conducted by the provider was done in accordance with regulations.

Q26 If you disagree with the primary reason for noncompliance, what are alternative/supplemental reasons for noncompliance?

Q27 How has your CSB remediated this area of noncompliance? Please select all that apply.

Q28 Performance Measure G4: Number and percent of individuals who receive annual notification of rights and information to report ANE

Q29 If you disagree with the primary reason for noncompliance, what are alternative/supplemental reasons for noncompliance?

Q30 How has your CSB remediated this area of noncompliance? Please select all that apply.

Q31 Performance Measure G10: Number and percent of participants 19 years and younger who had an ambulatory or preventive care visit during the year.

Q32 If you disagree with the primary reason for noncompliance, what are alternative/supplemental reasons for noncompliance?

Q33 How has your CSB remediated this area of noncompliance? Please select all that apply.

Q34 Do you have any additional feedback on any PM not expressly solicited in previous questions?

Q35 Please provide overall feedback on the QRT EOY Report on a scale from 1-5 where (5) is the best possible score and (1) is the worst.

Q36 Do you have any additional feedback on the overall QRT EOY Report and/or the QRT CSB Review Questionnaire Feedback tool you would like to share?